



**Town of Walpole
Commonwealth of Massachusetts**

Business Certificate Application Checklist

This Document Serves Only As An Application for the Registration of your Business. If you need the approval of the Board of Selectmen, Board of Health or the Building Inspector, It is your responsibility to apply for such approval.

Board of Selectmen Approval Yes ____ No ____ Approval Not Required ____ Initials ____

Board of Health Approval Yes ____ No ____ Approval Not Required ____ Initials ____

Building Inspector Approval Yes ____ No ____ Approval Not Required ____ Initials ____

Comments: _____

Name of Business _____

Type of Business _____ Renewal: Yes ____ No ____

Address of Business _____

Mailing Address _____

Applicant #1 - Name & Address _____

Please Identify what type of I.D. provided by circling the correct description: (Social Security #, Federal Identification # or Individual Taxpayer I.D.)

Applicant #1 – SSN, FEIN or ITIN _____

Date _____ Signature _____

Phone # _____

Business Certificate Application Checklist

Applicant #2 - Name & Address _____

Please Identify what type of I.D. provided by circling the correct description:(Social Security #,
Federal Identification # or Individual Taxpayer I.D.)

Applicant #2 - SSN, FEIN or ITIN _____

Date _____ Signature _____

Phone # _____

Applicant #3 - Name & Address _____

Please Identify what type of I.D. provided by circling the correct description:(Social Security #,
Federal Identification # or Individual Taxpayer I.D.)

Applicant #3 - SSN, FEIN or ITIN _____

Date _____ Signature _____

Phone # _____

Applicant #4 - Name & Address _____

Please Identify what type of I.D. provided by circling the correct description:(Social Security #,
Federal Identification # or Individual Taxpayer I.D.)

Applicant #4 - Social Security # _____

Date _____ Signature _____

Phone # _____